

Health Center A Reality

MAR 11 1977

After more than a year of planning, the San Antonio Neighborhood Health Center in Oakland will open its doors at 614 E. 15th St. at 11 a.m. Monday.

The center will initially offer general adult medical services and will be staffed by one doctor, a nurse, a social worker and four community health workers.

Services to senior citizens will be stressed since they constitute a high percentage of the residents in the San Antonio area. However, no one will be denied services they need.

Patients will pay fees determined by their ability to pay.

A flea market to raise funds for the center will be held Saturday from 10 a.m. to 5 p.m. Donations for the flea market may be dropped off at the center today and tomorrow.

The center's initial operations are being financed with a seed grant of almost \$36,000 from the City of Oakland's Social Services Department/Community Action Agency.

More than \$6,000 in cash and equipment valued at \$2,000 also have been donated.

Planning for the center began in December of 1975 by Dr. Joe Selby, several other health professionals and numerous citizens concerned about the lack of health services in the area from Lake Merritt to 23rd Avenue between the Nimitz and MacArthur freeways.

Three years ago, as a result of a study by the Alameda Comprehensive Health Planning Agency, the San Antonio neighborhood was classified as being "critically short of health manpower."

The study found that in an area of some 30,000 residents, there were only three doctors to serve the population.

It is hoped that eventually the center will expand to three doctors, a dentist, a social worker, two nurses and four community health workers, and will be open fulltime.

Dr. Selby said the future growth of the center is, in part, dependent on the receipt of a grant for more than \$72,000 from the National Health Service.

For the beginning, the center will be open from 11 a.m. to 6 p.m. on Monday, from 11 a.m. to 8 p.m. on Wednesday, and from 11 a.m. to 6 p.m. on Friday.

How health center serves residents

by George Estrada
Staff Writer

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Oakland—Like others in his profession, Dr. Joe Selby is a busy man —

busier than most, if you count the time he spends painting bathrooms.

It's not the sort of thing you expect to find as part of a doctor's itinerary.

But Selby was doing exactly that a couple of nights back at the ~~San Antonio Neighborhood Health Center's~~ new building here, where he's a family practice doctor.

He's not alone in taking on such tasks, however.

Everyone on the clinic's staff — two doctors, a nurse, a social worker and a handful of community health workers—does whatever has to be done to maintain the center at 1030 East 14th St.

When it came time to move into the new building and the bathrooms needed painting, Selby grabbed a paint brush. His colleagues did whatever other chores needed doing.

Using federal and local government money, the center serves the area between Lake Merritt and 29th Avenue, below the MacArthur Freeway—one of 13 neighborhood clinics in the county.

The center opened last March as a result of a county study that found there were only three doctors at work among the area's more than 30,000 people.

The clinic provides such services as general adult medicine, gynecology and pediatrics. Many people also drop in for physical examinations, blood pressure tests and other services.

Some of the services are free. Others cost what the patient can pay. But no one — whether living in the San Antonio area or not — is turned away.

"We provide low-cost, high-quality health care to people otherwise unable to get it and also for people who don't have the transportation to get it elsewhere," says Selby.

"Through our free exam program, we've discovered patients who had diabetes, but were just taking pills for it because of the high cost of going back to private doctors. We stress having people come back."

Community outreach is another one of center's objectives.

When nurses at Bella Vista and Garfield elementary schools told the center that many students were badly in need of immunization shots, for instance, workers went to the schools and did the job.

Also, community worker Jessie Leno plans to start going door to door in the neighborhood to spread the word that health care is available at the center.

But Prop. 13 took its toll at the center. The county trimmed its social services budget after the tax-cutting initiative passed, and that ended what had been a semi-annual grant of about \$19,000.

The center is trying to make it up through federal funding. But five other neighborhood clinics have also applied for funds.

"We weren't hurt as much as other clinics," says Selby. "We lost about 20 percent of our budget. It made it kind of hard. For instance, it delayed the start of our prenatal care program."

"But it made us go out and apply for other grants, so we're confident of having the money we need."

Eventually, the clinic would like to expand. It wants to have another physician on hand, plus a dentist, and start a teaching program on stress and weight reduction.

Clinic merger aims to cut costs

By Angel Fernandez
The Tribune

JAN 29 1984

The recent merger of two East Oakland neighborhood health clinics, which promises to allow each to improve services while cutting costs, was praised last week by the U.S. Department of Health and Human Services.

Under a merger announced earlier this month, La Clinica de la Raza and the San Antonio Neighborhood Health Center will pool purchasing, medical staff and administrative resources but continue to serve more than 24,000 low-income ethnic clients at their two present locations.

La Clinica, which has 130 employees and a \$3 million annual budget, and San Antonio, which has 20 employees and a \$800,000 budget, are now operated jointly by La Clinica de la Raza-Fruitvale Health Project Inc.

"It's the only successful merger we've had in the region," said an enthusiastic John Bruce, East-bay project officer for the department's division of health services delivery. "The economic advantages of such mergers are obvious, but it's turned out to be a lot harder to do than we had originally envisioned."

Elsewhere in the country where community health agencies have overlapping service areas, some 30 to 40 mergers have been accomplished, Bruce said. Region 9 officials in San Francisco found several such overlap situations in its own four-state area during a survey in early 1982.

But there is little prospect that the East Oakland success will be duplicated elsewhere in the region, Bruce added, despite the fact the HHS officials have "encouraged" the affected agencies to combine by threatening to cut off funding.

"But the problems are tremendous," Bruce said. "The employees have different pay scales, different sets of benefit packages, and the facilities are operating under differing sets of bylaws."

"Often — although I wouldn't say this was a problem in the San Antonio case — there are jealousies. How many seats on the resulting board will one group have and how many seats will the other?"

The results of its efforts were so dismal that HHS virtually has stopped pushing for mergers, although it did cut off direct funding to the San Antonio Health Center. Since July 1982, San Antonio had been receiving its federal funds through contracts administered by La Clinica.

Jan Eldred, executive director of the San Antonio Clinic, which opened in 1977, acknowledged in an interview that dim economic prospects spurred the merger talks at first.

"But once we started to have discussions," she said, "it was very clear what the advantages were for both sites."

"We'd be able to share resources, for example. They have optometry, dental and mental health services and we do not, so there would be an opportunity to provide these services to our clients."

Sharing computer facilities, pooling purchasing for larger discounts and the consolidation of complicated funding contracts are other advantages of the newly centralized administration.

"What will remain decentralized is the provision of services," said Jane Garcia, executive director of La Clinica and top administrator for the new corporation.

"One of the things that we're proud of is that it was a totally voluntary merger," added Eldred. "In most cases where the government tried to encourage this, the merger just sort of fell apart in the negotiation process."